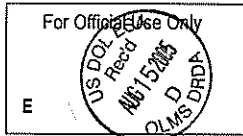


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8074	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Theresa C Messer P.O. Box, Bldg., Room No., if any 2430 Street Two Penn Plaza City New York State New York ZIP Code + 4 10121	4. Name, file number, and address of labor organization. Name National Basketball Players Association Labor Organization File Number 068-015 P.O. Box, Building and Room Number, if any 2430 Street Two Penn Plaza City New York State New York ZIP Code + 4 10121
5. Position in labor organization. Director of Finance	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/11/2005

Date

212-655-0880

Telephone Number

Name of Person Filing Theresa Messer	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Amalgamated Bank of New York</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street 11-15 Union Square</p> <p>City New York</p> <p>State New York ZIP Code + 4 10003</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>11.a. Nature of such dealing.</p> <p>Banking Relationship</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$1,000</p> <p>12.a. Nature of interest held or income received.</p> <p>a. Holiday Gift - \$275.48</p> <p>b. Lunch - \$75</p> <hr/> <p>12.b. Amount. \$350</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Lehman Brothers</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street 399 Park Avenue</p> <p>City New York</p> <p>State New York ZIP Code + 4 10022</p>	<p>14.a. Nature of payment.</p> <p>Lunch</p> <hr/> <p>14.b. Amount of payment. \$50</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	

Name of Person Filing Theresa Messer

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Carver Federal Savings Bank

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 75 W 125th Street

City New York

State New York ZIP Code + 4 10027

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Banking Relationship

11.b. Approximate dollar value of such dealing.

\$500

12.a. Nature of interest held or income received.

Concert Tickets and Dinner

12.b. Amount.

\$250

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Total Insurance Brokerage

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 5 Hillandale Avenue

City Stamford

State Connecticut ZIP Code + 4 06902

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

11.a. Nature of such dealing.

Property/Casualty Insurance Agent

11.b. Approximate dollar value of such dealing.

\$3,669

12.a. Nature of interest held or income received.

Lunch

12.b. Amount.

\$50

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Calibre CPA Group PLLC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1050

Street 1850 K. Street, NW

City Washington

State District of Columbia ZIP Code + 4 20006

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

11.a. Nature of such dealing.

Outside Public Accounting Firm

11.b. Approximate dollar value of such dealing.

\$50,000

12.a. Nature of interest held or income received.

a. Lunch - \$39

b. Lunch - \$55

12.b. Amount.

\$94

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Fitzmaurice Companies, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 21st Floor

Street 11 Penn Plaza

City New York

State New York ZIP Code + 4 10001

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Medical/Dental Insurance Broker

11.b. Approximate dollar value of such dealing.

\$2,500

12.a. Nature of interest held or income received.

Lunch - \$50

12.b. Amount.

\$50

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BDO Seidman, LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 330 Madison Avenue

City New York

State New York ZIP Code + 4 10017

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Outside Forensic Accountant for NBPA

11.b. Approximate dollar value of such dealing.

\$128,000

12.a. Nature of interest held or income received.

Dinner - \$500

12.b. Amount.

\$500

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Quantum/Gabelli, L.P.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street One Corporate Center

City Rye

State New York ZIP Code + 4 10580

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Investment Manager

11.b. Approximate dollar value of such dealing.

\$130,000

12.a. Nature of interest held or income received.

Lunch - \$75

12.b. Amount.

\$75

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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Mitchell Titus, LLP Trade Name, if any: P.O. Box, Bldg., Room No., if any 27th Floor Street One Battery Park Plaza City New York State New York ZIP Code + 4 10004	14.a. Nature of payment. <div style="border: 1px solid black; padding: 5px; min-height: 100px;">Lunch</div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. \$50

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Blitman & King

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 1100

Street 500 South Salina Street

City Syracuse

State New York ZIP Code + 4 13202

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NBA Players Staff 401K Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street Two Penn Plaza

City New York

State New York ZIP Code + 4 10121

11.a. Nature of such dealing.

Legal Counsel

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Lunch - \$50

12.b. Amount.

\$50

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ING

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 603

Street 440 South Warren Street

City Syracuse

State New York ZIP Code + 4 13202

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NBA Players Staff 401K Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street Two Penn Plaza

City New York

State New York ZIP Code + 4 10121

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

11.a. Nature of such dealing.

401k Plan Administrator

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Lunch

12.b. Amount.

\$50